



Client No. <b>2036</b>		Client Name <b>O. H. METALS</b>				Location <b>1002 OSwego, ST. utica, N.Y.</b>		Date <b>2/13/87</b>							
Facility Equipment <b>1</b>	Detex Clock No. <b>1</b>	Weapon No. <b>1</b>	Holster <b>1</b>	Nightstick <b>1</b>	Raincoat <b>1</b>	Flashlight <b>1</b>	Other <b>3 keys &amp; Log Book</b>								
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.			Officer—Day Shift (Name) <b>Kenneth Frelif</b>			Officer—Swing Shift (Name) <b>Kenneth Frelif</b>			Officer—Grave Shift (Name) <b>Dick Hokuski</b>						
Shift Began <b>8 AM</b> PM Ended <b>4 AM</b> PM			Shift Began <b>4 AM</b> PM Ended <b>12 AM</b> PM			Shift Began <b>12 AM</b> PM Ended <b>8 AM</b> PM									
Observations or actions taken	Yes	No	Explanation			Yes	No	Explanation			Yes	No	Explanation		
Rounds or stations missed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5:00 PM. Round - waiting			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5:00 PM. Round waiting			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Unlocked doors, gates or windows	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	for my <del>relief</del> 4:00 PM			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	for relief man			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Unlocked vaults or safes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	relief man.			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	went to Phone			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Fire-smoke-or hazards	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no day rounds			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Called office			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
1. Extinguishers missing or defective	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	missed			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	but I still got			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
2. Sprinkler system defective	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	stuck with			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
3. Fire doors or exits blocked	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	double shifts			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
4. Rubbish accumulation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
5. Motors running	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
6. Lights left burning	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Injury hazards	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Visitors	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Trespassing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Violation of company rules	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Remarks															
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.															
1. Were you injured during this tour?	Day Shift	1.	2.	3.	Swing Shift	1.	2.	3.	Grave Shift	1.	2.	3.			
Yes	<input checked="" type="checkbox"/>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
2. Did you suffer any illness?	Yes	<input checked="" type="checkbox"/>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
3. Have you reported all accidents coming to your attention?	Yes	<input checked="" type="checkbox"/>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
Signatures	1.	<b>Kenneth Frelif</b>			1.	<b>Kenneth Frelif</b>			1.	<b>Dick Hokuski</b>					
Signatures	2.				2.				2.						
Signatures	3.				3.				3.						

438943

